

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040964

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 138

FILED NOV 12 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Polk	b. CITY (If outside corporate limits, give TOWNSHIP only) Bolivar	a. STATE Missouri	b. COUNTY Polk
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 105 E. Freeman		d. STREET ADDRESS (If outside, give location) 105 E. Freeman	
3. NAME OF DECEASED (Type or print) First Middle Last Dove None Davis		4. DATE OF DEATH Month Day Year November 5 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/21/1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY NONE	
13a. FATHER'S NAME Savire Colby		13b. MOTHER'S MAIDEN NAME Drucilla Parker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Mrs. Massolene Drake		14. NAME OF HUSBAND OR WIFE John W. Davis	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute heart failure		INTERVAL BETWEEN ONSET AND DEATH 1 week	
DUE TO (b) chronic myocarditis			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 10/28/63 to 11/1/63 and last saw her alive on 11/5/63		Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Demcraw Mrs		22b. ADDRESS Bolivar Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/7/1963	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or county) Bolivar (State) Mo.
24. FUNERAL DIRECTOR Paul D. Butler		25. DATE RECD. BY LOCAL REG. Nov. 6, 1963	
ADDRESS Bolivar, Mo.		26. REGISTRAR'S SIGNATURE Ralph Henderson J. H.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

10841

20841

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Permit issued Nov. 6, 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul D. Butler

Licensed Embalmer No. 4971

P. O. Address Polina, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

J.H.